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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,086	02/15/2002	Taro Suga	02090/TL	3499

1933 7590 02/23/2005

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EXAMINER

VERBITSKY, GAIL KAPLAN

ART UNIT

PAPER NUMBER

2859

DATE MAILED: 02/23/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

AK

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/077,086	SUGA, TARO	
	<b>Examiner</b>	<b>Art Unit</b>	
	Gail Verbitsky	2859	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Gail Verbitsky. (3) \_\_\_\_\_.
- (2) Mr. Holtz. (4) \_\_\_\_\_.

Date of Interview: 07 February 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference  
 c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
 If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1-5.


Identification of prior art discussed: Mears et al.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: applicant/ attorney will further discuss the limitation stating "single wedge shaped housing" the inventor and contact the Examiner again.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

  
**GAIL VERBITSKY**  
**PRIMARY EXAMINER**

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
 Examiner's signature, if required